

**CHURCH OF OUR LADY OF LOURDES**

50 OPHIR ROAD SINGAPORE 188690

TEL : 6294 0624 FAX: 6294 2686

Website: www.lourdes.sg**RITE OF CHRISTIAN INITIATION OF ADULTS (RCIA)****Registration Form***(Please fill the form in BLOCK LETTERS)**Please Fill Up in Block Letters*

<i>Full Name (As In NRIC and underline Surname)</i>		<i>Date of Birth</i>	
<i>Country of Birth</i>	<i>Male / Female</i>	<i>NRIC/PASSPORT</i>	<i>Contact Number/s (HP)</i>
<i>EMAIL ADDRESS</i>		<i>HOME ADDRESS</i>	
<i>EDUCATIONAL LEVEL</i>		<i>OCCUPATION</i>	
<i>CURRENT MARITAL STATUS (SINGLE/DIVORCED/MARRIED/WIDOWED)</i>		<i>IF MARRIED: NAME OF SPOUSE</i>	
<i>DATE OF MARRIAGE: IF REGISTRY OF MARRIAGE(ROM) CERT NO:</i>		<i>RELIGION OF SPOUSE (ANY CHILDREN)? Number of Children:</i>	
<i>WHAT RELIGION DO YOU CURRENTLY PROFESS?</i>		<i>HAVE YOU EVER BEEN BAPTISED IN ANY OTHER CHRISTIAN DENOMINATION? YES / NO? IF YES, PLEASE STATE NAME OF CHURCH/ DENOMINATION?</i>	
<i>DO YOU HAVE ANY COMPANION, YES/NO?</i>		<i>NAME OF COMPANION</i>	

PRIVACY POLICY Kindly note that in filling up this form, I agree and consent to the collection, use, storage, retention, adaptation, modification, reading, retrieval, transmission, blocking, erasure or destruction ("processing") of the personal data provided by me in this form and to the sharing/processing and relevant and third parties (including but not limited to entities outside the Singapore jurisdiction) in connection with the Roman Catholic Church related activities, pastoral services and other related purposes. Where I am providing such personal data on behalf of others, I confirm that I have obtained the consent of these individuals for the disclosure of their personal data for the purposes stated above.

<i>SIGNATURE:</i>	<i>DATE:</i>
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For official Use

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Registered By : _____ *Date :* _____

Interviews

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1st Interview: _____ *Date:* _____

(Spiritual Director)

2nd Interview: _____ *Date:* _____

(Spiritual Director)

3rd Interview: _____ *Date:* _____

(Spiritual Director)